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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Alexei A. Erchak

Art Unit : Unknown

Serial No. : 10/724,033

Examiner : Unknown

Filed : November 26, 2003

Title : LIGHT-EMITTING DIODE UTILIZING A PHYSICAL PATTERN

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Prior to examination, please amend the application as indicated on the following pages.

12/17/2004 BSAYAS11 00000070 10724033

11 FC:2202

9.00 DP

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit 2/10/04

Signature

Patricia Smith
Typed or Printed Name of Person Signing Certificate

Applicant : Alexei A. Erchak
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Page : 8 of 8

Attorney's Docket No.: 16459-008001

REMARKS

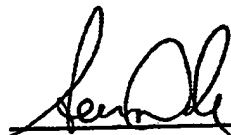
Applicants have added new claim 35. Claims 1-35 are presented for examination.

Applicants believe the application is in condition for allowance, which action is requested.

Enclosed is a check for excess claim fees. Please apply any other charges or credits to deposit account 06-1050.

Respectfully submitted,

Date: 2/10/04



Sean P. Daley
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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10724033

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	35	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	15
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	35	20	15
Independent	1	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	35	35	
Independent	1	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	135.00
X43=	
+145=	
TOTAL	520.00

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OFF

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	135.00
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

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